

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Spirit of Democracy California			Date of This Filing _____ 05/23/2012 _____		Date Stamp Page 1 of 2	<div> CALIFORNIA FORM 496 For Official Use Only </div>
AREA CODE/PHONE NUMBER (916)442-7757		I.D. NUMBER (if applicable) 1346379		Report No. _____ 227601-01 _____		
STREET ADDRESS 			<input checked="" type="checkbox"/> Amendment to Report No. _____ 001 _____ (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages _____ 2 _____			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Leslie Daigle			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Assembly Person District 74	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/10/2012	Campaign Literature and Mailings	\$25,110.91
05/10/2012	Polling and Survey Research	\$6,499.48
05/10/2012	Campaign Consultants; Polling and Survey Research	\$17,625.00

Reason for Amendment:

Amend to adjust expenses allocated incorrectly.

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CALIFORNIA
FORM 496

NAME OF FILER
Spirit of Democracy California

I.D. NUMBER (If applicable)
1346379

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
4/13/2012	Charles Munger, Jr. Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physicist Self Employed - Charles Munger, Jr.	\$360,222.00	If loan, enter interest rate, if any _____ %
	Intermediary: Robert W. Baird & Co., Inc. Milwaukee, WI 53202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
5/10/2012	California Dental Association Independent Expenditure PAC Sacramento, CA 95814 ID: 1233321	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772